

Title: **DECLARATION AND POWER OF ATTORNEY**

Signature: Rgn Moore
Full Name: **Roger Moore**
Residence: **4700 Stringfellow #1017**
City, State, Zip: **San Antonio, Texas 78223**
Country: **United States of America**
Citizenship: **United States of America**
P. O. Address: **Same as Residence**

Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P. O. Address: _____

Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P. O. Address: _____

Signature: _____
Full Name:
Residence:
City, State, Zip:
Country:
Citizenship:
P. O. Address: